

**2009 ADULT** \_\_\_\_\_ **PROBATION REPORT WORKSHEET**  
**(INDICATE FELONY OR MISDEMEANOR)**

**Time Period Covered in This Report**

Quarter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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**COUNTY:** \_\_\_\_\_  
**COURT(S):** \_\_\_\_\_  
**COURT I.D.:** \_\_\_\_\_  
**JUDGE'S NAME:** \_\_\_\_\_  
**CPO:** \_\_\_\_\_

STATE COURT ADMINISTRATION

**PREPARED BY:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_

**PART I - SUPERVISIONS**

	1 Pre-Trial Supervision	2 Post-sentence Supervision	3 Split Sentence Supervisions	4 Inter-State Accepted	5 Intra-State Accepted	6 Supervision in Lieu of Prosecution	7 Judgment Withheld	8 Drug Court Supervision	9 Other (Specify)	10 Total Supervisions (columns 1-9)
A. Supervisions Previously Pending										
B. New Supervisions Received										
C. Supervisions Re-Opened										
D. Total Supervised Cases Before You (add lines A through C)										

**PART II – CLOSED AND INACTIVE SUPERVISIONS**

E. Discharged (Completed Probation)										
F. Revoked Because of New Offense										
G. Revoked for Technical Violation Only										
H. Absconded and/or Warrant Active										
I. Other Closed/Inactive Supervisions (Specify)										
J. Subtotal Closed/Inactive Supervisions (add lines E through I)										
K. Supervisions Pending (line D minus line J)										

**PART III – STATUS ON  
PENDING SUPERVISIONS**

	1	2	3	4	5	6	7	8	9	10
	Pre-Trial Supervision	Post-sentence Supervision	Split Sentence Supervisions	Inter-State Accepted	Intra-State Accepted	Supervision in Lieu of Prosecution	Judgment Withheld	Drug Court Supervision	Other	Total Supervisions (Columns 1-9)
L. On Probation										
M. Intra-State Transferred Out										
N. Inter-State Transferred Out										
O. Other Supervisions (Specify)										
<b>P. Total</b> (should equal line K)										

**PART IV – GENERAL**

If your department completes both the adult felony report and the adult misdemeanor report, please answer questions 1-5 on only one of the reports.

1. What is the total number of felons or misdemeanants under probation supervision with your department at the end of the reporting period: (List Highest Classification.)

Felons \_\_\_\_\_ **OR** Misdemeanants \_\_\_\_\_

2. Of the supervisions reported in question one above, how many are classified by the risk assessment tool as:

A. High \_\_\_\_\_ B. Medium \_\_\_\_\_ C. Low \_\_\_\_\_  
D. Administrative \_\_\_\_\_ E. Total (A through D) \_\_\_\_\_

What Risk Assessment Tool was used? \_\_\_\_\_

3. How many other administrative classifications did you have at the end of the reporting period? (These are in addition to the cases reported in question 2 above. Example: an offender released from probation but file open for fees/programs only.) \_\_\_\_\_

4. A. How many pre-sentence investigations were completed during the reporting period? \_\_\_\_\_

- B. How many other reports (e.g., family law, home study, pre-trial release, predisposition on PTR) were completed during the reporting period? (Do not include A & D Program reports.)  
Please specify type and quantity:

Type _____	Quantity _____
Type _____	Quantity _____
Type _____	Quantity _____

5. A. Does your department conduct services for diversion programs or other non- probation based programs (i.e., urine screens for prosecutor diversion programs, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

- B. If yes, please list each entity that requested service with your department and the services requested: \_\_\_\_\_  
\_\_\_\_\_

- C. What was the total amount of revenue, if any, received during the quarter from these services? \_\_\_\_\_

6. Of the supervisions received this quarter (Lines B, Column 10), how many were convicted of a substance abuse offense as defined in the Instruction Manual? \_\_\_\_\_
7. Of the supervisions received this quarter (Lines B, Column 10), how many were convicted of a sex offense as defined in the Instruction Manual? \_\_\_\_\_
8. Please explain entries in "Other" categories from Parts I and II.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Copies of this worksheet and an Instruction Manual are available on-line at:**

[www.in.gov/judiciary/admin/courtmgmt/forms](http://www.in.gov/judiciary/admin/courtmgmt/forms)

**To obtain your password, please contact the JTAC Helpdesk at  
1-888-275-5822**